<u> </u>		-				-					
Submit 5 Copies Appropriate District Office DISTRICT 1	l	Energy, N	-		w Mexico ral Resourc	al Resources Department			Form C Revised		
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II		OLC	ONS			ION DIVISION				m of Page	
P.O. Drawer DD, Artesia, NM 88210		Sa	nta Fe,	P.O. Bo New Me	x 2088 xico 8750	4-2088	FEB 2	1 '90		υŗ	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I. TO TRANSPORT OIL AND NATURAL GAS C. D. Operator Well API No.											
I.		TOTRA	NSPC	ORT OIL	AND NAT	URAL GA	Smilesia Woll A	. D. 95166		<u></u>	
Operator Enron Oil & Gas Comp	any /						Well A.	Unknov	vn		
Address P. O. Box 2267, Mid1	and, T	exas 7	9702								
Reason(s) for Filing (Check proper box)					Othe	t (Please explai	n)				
Recompletion	Oil	Change in	Dry Gas		0						
Change in Operator	Casinghea	id Gas	Condens	sate	effect	ine 2hl	90				
and address of previous operator							·····				
Lease Name								Kind of Lease FED Lease No.			
Roche Federal		4	Shug	jart, N	orth Bor	ne Spring	State, F	ederal or Fee	NM 33	3437-A	
Unit Letter : 2150 Feet From The South Line and Feet From The Line											
Section 7 Township 18S Range 31E , NMPM, Eddy County											
						<b>//</b>			· · · · · · · · · · · · · · · · · · ·	<u></u>	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil     or Condensate     Address (Give address to which approved copy of this form is to be sent)										ent)	
Pride Operating Company Name of Authonized Transporter of Casinghead Gas X or Dry Gas					P. O. Box 2436, Abilene, Texas 79604 Address (Give address to which approved copy of this form is to be sent)						
Conoco Inc.				1214 N. Eastside Dr. W			ichita Falls, TX 76304				
If well produces oil or liquids, give location of tanks.											
If this production is commingled with that it IV. COMPLETION DATA	rom any ou	her lease or	pool, giv	e commingli	ing order numb	per:		· · · · · ·			
		Oil Well		as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		pi. Ready u	o Prod.		Total Depth	ll		P.B.T.D.		1	
	T. CD					Top Oil/Gas Pay					
Elevauons (DF, RKB, RT, GR, etc.)									Tubing Depth		
Perforations Depth Casing Shoe											
	TUBING, CASING AND C				CEMENTI		)				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
									2-9	0	
								she bT: EOT			
V. TEST DATA AND REQUES OIL WELL (Test must be after r				and must	he equal to or	exceed top allo	wable for this	denth or he for	r full 24 ha	ure)	
Date First New Oil Run To Tank	Date of To		0,10000		the second se	ethod (Flow, pur			,		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
	i				Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls	• • • • • • • • • • • • • • • • • • • •									
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (p. ior, back or )	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE											
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied, with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved FEB 2 6 1990						
Better Seldon											
Signature Betty Gildon, Regulatory Analyst					Ву_	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name 2/20/90 915/686-3714					Title SUPERVISOR, DISTRICT If						
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.